

FORM  
5  
Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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DRILLING COMPLETION REPORT

Document Number:  
400118148

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary completion

1. OGCC Operator Number: 10000 4. Contact Name: Kristina Lee  
2. Name of Operator: BP AMERICA PRODUCTION COMPANY Phone: (303) 659-9581  
3. Address: 501 WESTLAKE PARK BLVD Fax: (303) 659-8209  
City: HOUSTON State: TX Zip: 77079

5. API Number 05-067-09640-00 6. County: LA PLATA  
7. Well Name: KLUSMAN RANCHES GU Well Number: 4  
8. Location: QtrQtr: NWNE Section: 11 Township: 33N Range: 8W Meridian: N  
Footage at surface: Distance: 1110 feet Direction: FNL Distance: 1659 feet Direction: FEL  
As Drilled Latitude: 37.122826 As Drilled Longitude: -107.683145

GPS Data:

Data of Measurement: 10/08/2009 PDOP Reading: 1.8 GPS Instrument Operator's Name: Bob Cress

\*\* If directional footage

at Top of Prod. Zone Distance: 2127 feet Direction: FNL Distance: 1861 feet Direction: FEL  
Sec: 11 Twp: 33 Rng: 8  
at Bottom Hole Distance: 2479 feet Direction: FNL Distance: 1947 feet Direction: FEL  
Sec: 11 Twp: 33 Rng: 8

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300  
11. Federal, Indian or State Lease Number: Fee

12. Spud Date: (when the 1st bit hit the dirt) 06/05/2009 13. Date TD: 06/09/2009 14. Date Casing Set or D&A: 06/10/2009

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 3552 TVD 3176 17 Plug Back Total Depth MD 3540 TVD \_\_\_\_\_

18. Elevations GR 6662 KB 6678

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL/CCL/GR/RST

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Weight Per Foot | Setting Depth | Sacks Cement | Cement Top | Cement Bot | Status |
|-------------|--------------|----------------|-----------------|---------------|--------------|------------|------------|--------|
| CONDUCTOR   |              |                |                 |               |              |            |            |        |
| SURF        | 12+1/4       | 8+5/8          | 24              | 466           | 369          | 16         | 476        |        |
| 1ST         | 7+7/8        | 5+1/2          | 15.5            | 3,542         | 444          | 16         | 3,552      |        |

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
|             |        |                                   |               |            |               |

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth |        | Check if applies         |                          | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|----------------|----------------|--------|--------------------------|--------------------------|---|
|                | Top            | Bottom | DST                      | Cored                    |   |
| FRUITLAND COAL | 2,818          | 3,308  | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

The logs and directional plans were submitted with the preliminary form 5 11/19/2009.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Kristina Lee

Title: Regulatory Consultant -BP Date: \_\_\_\_\_ Email: leeka@bp.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

| Att Doc Num | Name |
|-------------|------|
|             |      |

Total Attach: 0 Files

**General Comments**

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
|                   |                |                     |

Total: 0 comment(s)